

215037432  
60296

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 034	Agency Case No. B5-085320	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/14/2015		TIME OF ACCIDENT	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1629	09/15/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N 44th/Dudley -Orchard		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	115.00		X		Orchard	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
1	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	DRIVER		STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	Unknown	PHONE		LOCAL NO.		
V2/N	1	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
G	OWNER	PHONE		LOCAL NO.		V1/1 19
2	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> NO	CITATION NO.	
H	LICENSE PLATE NO.	YEAR		STATE (Of License)	V1/2	
5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	V1/3
V1/O	5	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	V1/4
V2/O	1	TOWED TO	TOWED BY	POLICY NO.		V1/5 19
I	VEHICLE NO. 2					
7	DRIVER LICENSE NO.	DRIVER		STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P	Parked	PHONE		LOCAL NO.		V2/1 18
V2/P	8	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J	OWNER	PHONE		LOCAL NO.		V2/2
12	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE PA NO.	TGR066	YEAR	STATE (Of License)	NE	V2/3
V2/Q	4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
4	4	2004	Acura	TSX	4 door Sedan	silver / chrome
K	01	VEHICLE ID NO. (V1/N)	JH4CL96814C012134	INSURANCE COMPANY		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 400
		TOWED TO	TOWED BY	POLICY NO.		V2/5 18
				995 566 013		V2/6 25
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)
VEH. #	NAME	ADDRESS		1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME		4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		EMS RUN REPORT NO.		
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS		EMS RUN REPORT NO.		
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-085320**



Indicate  
North  
by Arrow



Diagram: possible action of V1  
for accident to occur - Unknown

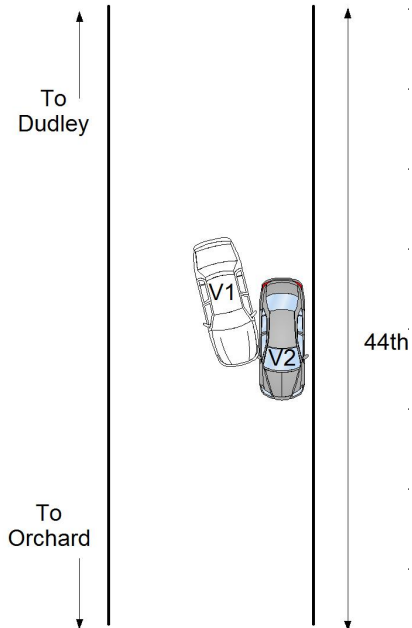
POI: 5'8" W of E curb of 44th  
115'3" N of N curb of Orchard

44th - 23'7"

Belated accident report  
-No skid marks  
-No debris

AGL: 1'5" - 2'1"  
Measurements are estimates

*Not To Scale*



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

On 9-14-2015, at 1629 hrs, Le, owner of V2, reported that on an unknown day in 2-2015 he walked out to V2 to go to work around 0730 hrs and observed new damage to the passenger door of V2. Le said V2 was parked illegally facing SB on the east side of 44th between Dudley and Orchard. Le said he called his insurance company and was told he had a \$500 deductible, he did not have \$500 at the time and he continued to drive V2 without reporting an accident in 2-2015. Le said he spoke with his insurance company again and was told it would be good to have this accident documented and he now called police. Mary F. Johnson W/F 9-13-1986 stated that she also drives V2 and she drove V2 to the car wash on 9-13-2015 and after V2 was clean she noticed damage to the passenger door of V2 at approx. 1500 hrs. Johnson said she did not know of the damage to V2 prior to 9-13-2015. V1 left the scene and is unknown. Ofc. took photos and obtained AGL measurements. No ...

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME ADDRESS PHONE				PHONE
	NAME ADDRESS PHONE				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2												
1					N 44th																
2		X			N 44th		POINT OF IMPACT		POINT OF IMPACT 03												
1	13	06 Turning left				MOST DAMAGED AREA		MOST DAMAGED AREA 03													
2	10	08 Entering traffic lane																			
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Leaving traffic lane 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown						00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		01 02 03 04 08 07 06		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				ALCOHOL LEVEL TESTED Y N X N X N BAC LEVEL ALCOHOL/ DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			

OFFICER NO. <b>1640</b>	TROOP/ TEAM/ BEAT <b>4</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Wendy Fisher</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Wendy Fisher</b>	
DATE OF REPORT <b>09/15/2015</b>			

60296

## State of Nebraska

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3

Local No./  
District 034

Agency	
Case	
No.	B5-085320

STATE USE ONLY

DATE OF ACCIDENT (MM / DD / YYYY)

09/14/2015

PLACE  
OF  
ACCIDENT

COUNTY

Lancaster

CITY | Lincoln

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.

## N 44th/Dudley -Orchard

witnesses. No suspects. No surveillance. No citations.

OFFICER NO.

1640

TROOP/ TEAM/ BEAT	4
-------------------------	---

4

DEPARTMENT

Lincoln Police Department

INVESTIGATOR NAME (Print or Type)

INVESTIGATOR SIGNATURE

Wendy Fisher

Approved by Officer Wendy Fisher

DATE OF  
ACCIDENT

09/15/2015